Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 4:18-E AUGUST 1991 Page 1 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: Delaware (N/A) Optional Sliding Scale Premiums Imposed on Qualified Disabled and Working Individuals A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act: B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

\*Description provided on attachment.

TN No. DEC SP-302 Supersedes Approval Date TN No. <u>New page</u>

0 1 1332 .1111 Effective Date

HCFA ID: 7986E

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	_	STATE PLA	N UNDER T	TITLE X	IX OF THE	SOCIAL SECURITY ACT	
		State/Terri	tory: _	Delawa	re (N/A	1)	_
с.	State	or local fu	nds under	other	programs	are used to pay for p	remiums:
		Yes			No		
						•	
D.	a prem	ium because	for deter	rmining cause	whether an undue	the agency will waive hardship on an indivi-	payment of dual are
	descri	bed below:					
			.*.				

\*Description provided on attachment.

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Supersedes Approval Date DFC 18 1992
TN No. new page

SP-302
Effective Date

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